



FORM 410C
1/1/2005

COUNTY OF LOS ANGELES FIRE DEPARTMENT FIRE PREVENTION DIVISION

FIVE YEAR CERTIFICATION REPORT

Service and maintenance report of automatic fire extinguishing systems, including fire sprinklers, dry, deluge, and pre-action systems, hose cabinets, plus on-site fire hydrants, alarm and supervisory equipment attached to those systems (As per Title 19, Health & Safety Code, NFPA and County of Los Angeles Fire Code).

Date_____

Business Name_____ Phone_____

Address_____ City_____

Testing Agency_____ Phone_____

Address_____ City_____

Inspector Name_____ License #/type_____

Fire Inspector _____ Phone _____

NOTE: Notify the appropriate Regional Fire Prevention Office at least 48 hours prior to test.

Test Witnessed: Yes _____ No _____ Fire Inspector _____

System Design/Density_____ Head Temp._____ Orifice Size_____

ESFR K Factor _____ ESFR PSI _____

Explain all NO answers on last page.

1. General

YES NO N/A

- | | | | |
|--|-------|-------|-------|
| A. Are all systems in service? | _____ | _____ | _____ |
| B. Is the building completely sprinklered, and are all areas protected as per NFPA and the Fire and Building Code? | _____ | _____ | _____ |
| C. Is the required clearance of stock or storage maintained below sprinkler heads? | _____ | _____ | _____ |
| D. In areas protected by a wet system, does the building appear to be properly heated in all areas? | _____ | _____ | _____ |
| E. Have all sprinkler components been checked to ensure that they have not been recalled by the U.S. Consumer Products Safety Commission? (i.e Omega Sprinkler Heads, Central, <u>certain</u> "Star" dry type sprinkler heads, etc.) | _____ | _____ | _____ |

2. Fire Department Connection

YES NO N/A

- A. Are fire department connections in satisfactory condition (threads, couplings free, caps in place, check valves tight, gaskets in place and in good condition)?
- B. Was backflush of FDC completed?
- C. Are all inlets accessible, and between 24" to 42" above grade?
- D. Are metal identification signs in place?
- E. Is the red paint in satisfactory condition?

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Control Valves

- A. Are all sprinkler main control valves open?
- B. Are all other valves in the proper position?
- C. Are all control valves in good condition (all valves shall be locked open - break away lock), and electronically supervised?
- D. Are the control valves unobstructed and accessible?
- E. Are identification signs for all control valves and locations provided (storage rooms, closets, etc)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

	Open		Secured		Signs		Operated		
	Yes	No	Yes	No	Yes	No	Yes	No	N/A
City connection valve									
Tank control valves									
Pump control valves									
Sectional control valves									
System control valves									
PIV and/or OSY valves									
Underground gate valves									

4. Risers, Gauges, Inspector's Test and Main Drain Test

- A. **Inspector's Test** - Did the local alarm activate within 90 seconds of opening the Inspectors Test Valve on each system? Yes_____ No_____
- B. **Main Drain Test** - Test gauge shall be installed at each test gauge opening to determine accuracy of existing gauges, before conducting a main drain test.

Riser Number	Main Drain Size	Accuracy of Existing Gauge	Pressure Before	Flow Pressure	Pressure After	Did pressure return to static promptly?

NOTE: A slow return to original static pressure on the gauges may indicate partially closed valves or obstructions in the underground piping.

4. Risers, Gauges, Inspector's Test and Main Drain Test (Continued)	YES	NO	N/A
C. Are all risers, gauges and bracing in satisfactory condition?	_____	_____	_____
D. Are the correct spare sprinkler heads (temp. type) and wrenches provided in the spare sprinkler box adjacent to the riser?	_____	_____	_____

5. Sprinklers-Piping

A. Are all sprinklers in good condition, unobstructed and free of corrosion or paint?	_____	_____	_____
B. Are all sprinklers less than 50 years old?	_____	_____	_____
C. Is condition of piping, drain valves, check valves, hangers and pressure gauges satisfactory?	_____	_____	_____
D. Have sprinklers been checked for proper temperature rating?	_____	_____	_____

6. 1 1/2" Hose and Related Equipment

A. Are valves fully operable and was a minimum of five gallons of water flowed from each?	_____	_____	_____
B. Was the cabinet inspected for accessibility and condition?	_____	_____	_____
C. Was hose removed and service tested as per NFPA 1962(1998ed) at five years after purchase date and every five years thereafter?	_____	_____	_____
D. Are correct nozzles provided?	_____	_____	_____
E. Are all required gaskets in good condition?	_____	_____	_____
F. Type of hose: Lined _____ Unlined _____ Purchase Date _____			

NOTE: Replacement hose to comply with U.B.C Standard 9-2 (1997ed)

7. Dry, Deluge, Preaction Systems	YES	NO	N/A
A. Were all system components inspected for condition and serviceability?	_____	_____	_____
B. Was air pressure and priming water level normal?	_____	_____	_____
C. Was air compressor tested to ensure good working order?	_____	_____	_____
D. Were low points drained during Fall and Winter inspections?	_____	_____	_____
E. Were all quick opening devices tested?	_____	_____	_____
F. Have dry valves been trip tested satisfactorily as required (annually)?	_____	_____	_____
G. Are dry valves adequately protected from freezing?	_____	_____	_____
H. Are valve house and heater conditions satisfactory?	_____	_____	_____
I. Were initiating devices tested (smoke detector/heat detector)?	_____	_____	_____

8. On-site Fire Hydrants

YES NO N/A

- A. Were all hydrant stems, threads and caps inspected for damage? _____
- B. Were the hydrant shut-off valves closed and fully reopened to ensure adequate water flow? _____
- C. Were all outlets of each hydrant fully opened and closed to ensure a smooth operation? _____
- D. Are all hydrants easily accessible and outlets 14" to 24" above grade? _____
- E. Are all required crash posts in place? _____
- F. Are all private hydrants/crash posts painted "RED" , and crash posts "Safety Yellow"? _____
- G. This Department requires a flow test during the inspection. Provide the GPM available from the most remote fire hydrant at 20 PSI. GPM_____

9. Alarm and Supervisory Equipment

(Note: With the adoption of the 1988 County of Los Angeles Fire Code, all new and updated systems shall be supervised by a listed and approved service as per Article 10)

- A. Name of Monitoring Company _____ Phone _____
Account # _____ Time Notified _____
- B. Has all peripheral equipment been tested? (i.e., supervisory/tamper, flow switches, etc.) _____
- C. Did all equipment operate as designed during the test? _____
- D. Record all alarm times, location (riser #1, PIV #3, system #1, etc) and type of equipment (supervisory/tamper, flow switch, alarm bell, etc.) during each test or service.

Equipment Location	Equipment Type	Time of Alarm Test	Time Alarm Company Recorded Receipt of Each Alarm Test

* Repair and Retest: If defects are found in equipment tested, correction of such defects shall commence immediately and shall be completed as soon as possible, but in every case within 30 days of the initial test. At the completion of the repair, the system or device shall be retested as necessary to determine that it is fully operational. The Fire Department shall be notified at least two working days prior to retesting.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

A copy of this report shall be mailed to the County of Los Angeles Fire Department jurisdictional Fire Prevention Office within seven days of the first service/test, and again after all the required retesting/repairs and certification.

I hereby certify that the fire protection equipment indicated in this report has been tested in accordance with the California Health & Safety Code, Title 19; State Fire Marshal and Los Angeles County Fire Department regulations. I further certify the equipment is in proper operating condition and a service label has been attached to each riser or system.

Signature _____ Date _____

Reviewed/Approved by Fire Inspector _____ Date _____